

## CV of ASSMN 2024 Invited Faculty



### ***Mohammad Shukri JAHIT***

**Country**

Malaysia

**Position & Organization***Senior Consultant Upper GI Surgeon National Cancer Institute (Institut Kanser Negara), Putrajaya Malaysia***Major Field**

Upper GI surgery, Bariatric surgery, Clinical nutrition

**Short Bio (in 300 words)**

Graduated from National University of Malaysia in 1994 in Medical Doctor (MD) and continue to pursue higher surgical training in 1998. He attained fellowship in Upper GI Surgery from Ministry of health of Malaysia and Flinders Medical Centre in 2006. He is currently the president of parenteral and Enteral Nutrition Society of Malaysia of PENSMA since 2010. He has pioneered the Nutrition Therapy Team in Malaysia and established a dedicated training programme for all NTT in Malaysia since 2010. He also pioneered several clinical nutrition programmes in Malaysia such as home PN and ERAS in Upper GI Surgery and Bariatric Surgery.

# Reimbursement of Surgical Nutritional Support in Malaysia

**Shukri J**

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## **Objective:**

To highlight the nutrition support in Malaysia from its inception to the rolling out of Nutrition Therapy Teams. This presentation will also highlight the reimbursement system that for the services and both enteral and parenteral products to support the patients in Malaysia.

## **Methods:**

Overview of the current system practiced in Malaysia for in- and out-patient nutritional support.

## **Results:**

Generally, in Malaysia the health care system is divided into 2 separate category ie the public and the private health care systems. In the public health care systems, all definitive and supporting treatment are highly subsidized by the government. This includes the nutrition support. This has its own advantages and disadvantages. Among the advantages are all patient will be provided for, nutritional support teams will review patients and out-patient support will be provided if they are requested for. The disadvantage of this highly subsidized systems is that the system must be content with a basic artificial formula that mainly suits all needs and highly selective or specific formula if required will have to be sourced out by the patients. Nutrition therapy teams will patients as a compulsory practice and there is no reimbursement for them.

## **Conclusion:**

Even though the highly subsidized healthcare system is a fair system that can meet all basic needs it has its own flaws. Further discussions among the stake holders are important to improve this system to ensure a better nutritional care among patients.